POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	3mL		4/5/~
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		Tdc19	6/1/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

BEST AVAILABLE COPY

Claim		Date									
Final	Original	6/01	11/01	3/02	7/02	10/02	3/03	10/03			

(claims grid 1–50 with check marks and cancellation lines)

Claim		Date					
Final	Original	11/10/02	3/03	10/03			

(claims grid 51–100)

Claim		Date					
Final	Original						

(claims grid 101–150)

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)